

STATEMENT OF CLAIM FORM

{ (FOR FCSC USE ONLY) }
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{ CLAIM NO. ALB- }
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FOR FILING OF CLAIMS UNDER THE AGREEMENT BETWEEN THE GOVERNMENT OF THE UNITED STATES OF AMERICA AND THE GOVERNMENT OF THE REPUBLIC OF ALBANIA AND TITLE I OF THE INTERNATIONAL CLAIMS SETTLEMENT ACT OF 1949, AS AMENDED (22 U.S.C. 1621 et seq.).

NOTE: To help the Foreign Claims Settlement Commission decide your claim quickly and fairly, please fill out this STATEMENT OF CLAIM form CAREFULLY AND COMPLETELY. Please TYPE or PRINT clearly. BEFORE you start this form, PLEASE READ the Instructions that come with it. You may attach additional pages to this form if you need more space for your answers.

Fill out this form and send it to the Commission at your earliest convenience. Keep a copy for your files.

1. Name of Claimant: _____
(Last) (First) (Middle)

2. Mailing Address: _____

Work Phone ()

Home Phone ()

(For additional claimants and other details, see Instructions.)

3. Give the name, mailing address and phone number of the lawyer (if any) representing you in this claim.

Phone ()

4. Give the name, mailing address and phone number of a person we can contact if we cannot locate you.

Phone ()

IMPORTANT: You must tell the Commission if you move. If your address changes and you do not tell the Commission, you may lose your right to pursue your claim.

5a. If claimant is an individual, state how you became a United States citizen:

____ By birth in the U.S.: Fill in date and place of birth _____

____ By naturalization in the U.S.: Fill in date and place of naturalization _____

____ Other: Fill in when and how you became a U.S. citizen (for example, by birth abroad to U.S. parents or by marriage) _____